

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028334

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 346

FILED AUG 14 1962

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits give TOWNSHIP) OR TOWN <u>St. Francois twp.</u>		c. CITY OR TOWN <u>Bonne Terre, Mo.</u>	
Length of stay in 1b <u>7 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>127 N. Long street</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Leonard</u> Middle <u>Robert</u> Last <u>Dotson</u>			4. DATE OF DEATH Month <u>August</u> Day <u>8</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/4/1900</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tom Boy Grocery Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchandise</u>		11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Daily P. Dotson</u>		13b. MOTHER'S MAIDEN NAME <u>Arizona Bell Forchee</u>	
14. NAME OF HUSBAND OR WIFE <u>Estelle Carrow Dotson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>A Mrs. Estelle Dotson, Bonne Terre, Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MEDULLARY PARALYSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hr</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>METASTATIC CA OF BRAIN</u>		<u>6-7 mo.</u>	
DUE TO (c) <u>CARCINOMA OF LIVER + PROSTATE (PRIMARY)</u>		<u>7 yr</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	Month, Day, Year <u>JAN 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from <u>JAN 1962</u> to <u>Aug 8, 1962</u> and last saw him alive on <u>Aug 7, 1962</u>		
Death occurred at <u>5:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>M. Chamberlain</u> (Degree or title)	22b. ADDRESS <u>Farmington Mo.</u>	22c. DATE SIGNED <u>8-10-62</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/10/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>	23d. LOCATION (City, town, or county) <u>Bonne Terre, Missouri</u>
24. FUNERAL DIRECTOR <u>Dale Sparks Bonne Terre, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 10, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Cether Rulloff</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10940
20941
3
4 0
5 1
6
7 0
8 2
9/77X
10
11
122-2
131-0

AUG 15 1962

JAN 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Bonne Terre
MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.